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GENERAL DURABLE POWER OF ATTORNEY

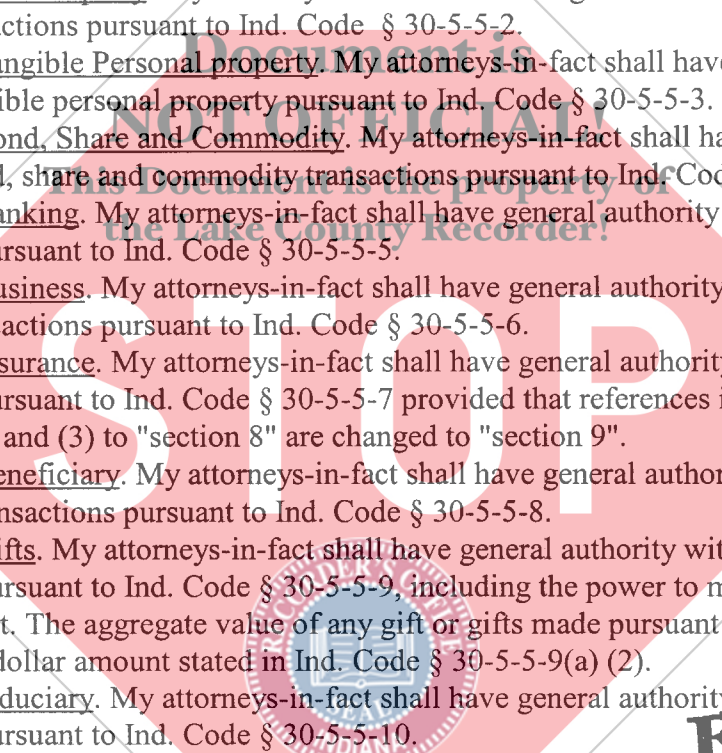
I, **Clementine Keaton**, of the County of Lake and the State of **Indiana**, being at least eighteen (18) years of age and mentally competent, do hereby name, designate and appoint **Favian M. Thomas** of the County of Lake and the State of Indiana and **Carmella Richardson** of St. Paul Minnesota, my true and lawful attorneys-in-fact and health care representatives pursuant to Ind. Code § 16-36-1.

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I. POWERS:

The above-named attorneys-in-fact shall have the following powers, provided that my attorneys-in-fact shall not have any power which would cause my attorneys-in-fact to be treated as the owner of any interest in my property, as the owner of any specifically retained interests in property given to me by the attorneys-in-fact, or as the owner of any interest in my property which would cause that property to be taxed as owned by the attorneys-in-fact:

1. Real Property. My attorneys-in-fact shall have general authority with respect to real property transactions pursuant to Ind. Code § 30-5-5-2.
2. Tangible Personal property. My attorneys-in-fact shall have general authority with respect to tangible personal property pursuant to Ind. Code § 30-5-5-3.
3. Bond, Share and Commodity. My attorneys-in-fact shall have general authority with respect to bond, share and commodity transactions pursuant to Ind. Code § 30-5-5-4.
4. Banking. My attorneys-in-fact shall have general authority with respect to banking transactions pursuant to Ind. Code § 30-5-5-5.
5. Business. My attorneys-in-fact shall have general authority with respect to business operating transactions pursuant to Ind. Code § 30-5-5-6.
6. Insurance. My attorneys-in-fact shall have general authority with respect to insurance transactions pursuant to Ind. Code § 30-5-5-7 provided that references in Ind. Code §§ 30-5-5-7(a)(2) and (3) to "section 8" are changed to "section 9".
7. Beneficiary. My attorneys-in-fact shall have general authority with respect to beneficiary transactions pursuant to Ind. Code § 30-5-5-8.
8. Gifts. My attorneys-in-fact shall have general authority with respect to gift transactions pursuant to Ind. Code § 30-5-5-9, including the power to make gifts to my attorney-in-fact. The aggregate value of any gift or gifts made pursuant to this section shall not be limited to the dollar amount stated in Ind. Code § 30-5-5-9(a) (2).
9. Fiduciary. My attorneys-in-fact shall have general authority with respect to fiduciary transactions pursuant to Ind. Code § 30-5-5-10.
10. Claims and Litigation. My attorneys-in-fact shall have general authority with respect to claims and litigation pursuant to Ind. Code § 30-5-5-11.
11. Family Maintenance. My attorneys-in-fact shall have general authority with respect to family maintenance pursuant to Ind. Code § 30-5-5-12.
12. Military Service. My attorneys-in-fact shall have general authority with respect to



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LAKE COUNTY RECORDER

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PETER BENJAMIN
LAKE COUNTY AUDITOR

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benefits from military service pursuant to Ind. Code § 30-5-5-13.

13. Records, Reports and Statements. My attorneys-in-fact shall have general authority with respect to records, reports and statements pursuant to Ind. Code § 30-5-5-14 including but not limited to the power to execute on my behalf any specific power of attorney required by any taxing authority to allow my attorney-in-fact to act on my behalf before that taxing authority on any return or issue.

14. Estate Transactions. My attorneys-in-fact shall have general authority with respect to estate transactions pursuant to Ind. Code § 30-5-5-15.

15. Health Care Representative Appointment with Power to Withdraw or Withhold Health Care. My attorneys-in-fact shall have general authority with respect to health care pursuant to Ind. Code SS 30-5-5-16 and 17, including the power to consent to or refuse health care and/or the power to withdraw or withhold health care pursuant to Ind. Code § 30-5-5-17. I appoint my attorney-in-fact as my health care representative with authority to act for me in all matters of health care in accordance with Ind. Code § 16-36-1 as shown by the attached appointment. This health care appointment is attached to this power of attorney pursuant to Ind. Code § 30-5-5-16 (b).

16. Delegate. My attorneys-in-fact shall have general authority with respect to delegating authority pursuant to Ind. Code § 30-5-5-18.

17. Governmental Programs. My attorneys-in-fact shall have general authority to apply for any benefits to which I may be entitled under any governmental program, including, but not limited to, Social Security, Medicare and Medicaid.

18. Funeral. Unless I have previously provided, my attorneys-in-fact shall have general authority to arrange for a suitable funeral and burial.

19. All Other Matters. My attorneys-in-fact shall have general authority with regard to all other matters pursuant to Ind. Code § 30-5-5-19.

20. Miscellaneous. My attorneys-in-fact are entitled to reimbursement of all reasonable expenses and is entitled to a reasonable fee for services provided as my attorneys-in-fact, as specified and subject to the conditions set out in Ind. Code §30-5-4-5.

II. EFFECTIVE DATE:

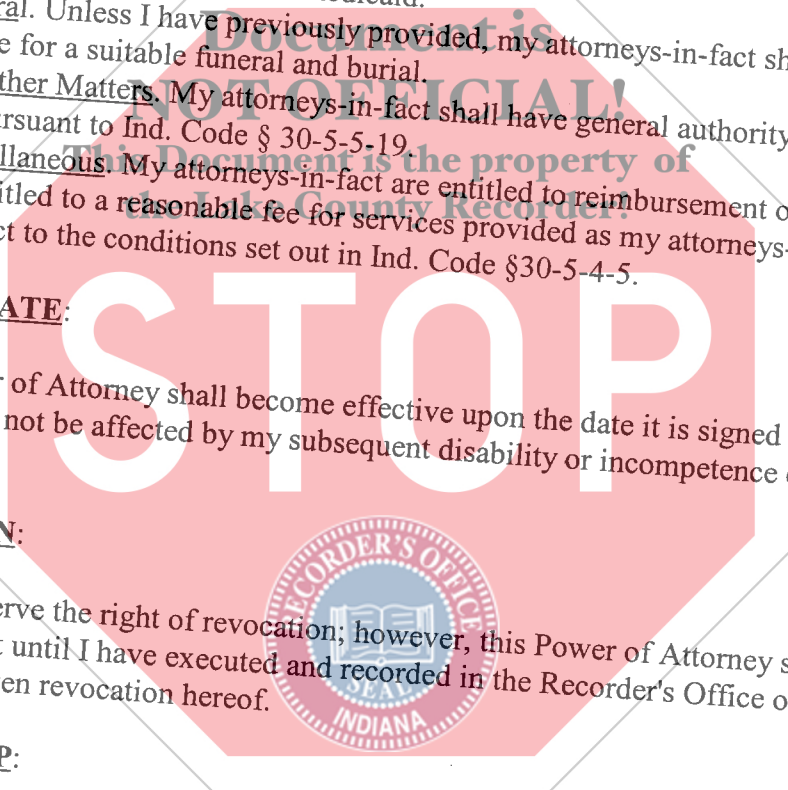
This Power of Attorney shall become effective upon the date it is signed by me. Furthermore, it shall not be affected by my subsequent disability or incompetence or lapse of time.

III. TERMINATION:

I hereby reserve the right of revocation; however, this Power of Attorney shall continue in full force and effect until I have executed and recorded in the Recorder's Office of the county of my domicile a written revocation hereof.

IV. GUARDIANSHIP:

In the event a judicial proceeding is brought to establish a guardianship over my person or property, I hereby nominate **Favian M. Thomas** and **Carmella Richardson** to serve as co-



guardians.

V. SIGNATURE FORM:

My attorneys-in-fact shall use the following form when signing on my behalf:

**Clementine Keaton by
her attorney-in-fact
Favian M. Thomas**

**Clementine Keaton by
her attorney-in-fact
Carmella Richardson**

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 4th day
of June 2002.

Clementine Keaton
Clementine Keaton

STATE OF INDIANA)
) SS:
COUNTY OF lake

**Document is
NOT OFFICIAL!**

Before me, the undersigned, a Notary Public in and for said county and state, this
4th day of June, 2002, personally appeared **Clementine Keaton**, and at
the request of the above-named individual making the appointment, I witnessed signing
of this document.

Witness my hand and official seal.

My commission expires:

August 17, 2008

Shirlonda L. Dowd
Notary Public (Signature)

Resident of

lake

County, IN

Shirlonda L. Dowd
Notary Public (Printed)

This instrument prepared by:

Dennis L. Elschide
Attorney at Law
Dorn & Associates, P.C.
5300 Crawfordsville Road, 2nd Floor
Indianapolis, IN 46224



**SHIRLONDA L. DOWD
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. AUG. 17, 2008**